05/27/2014 19:47

Image# 14941271945 PAGE 1 / 1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Friends of Lois Capps				
ADDRESS (number and street) P.O. Box 23940				
CITY, STATE, and ZIP CODE	24			
Santa Barbara	CA 9312			
2. NAME OF CANDIDATE Lois G Capps	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
	House	CA 24	C00331389	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	<i>1</i>
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Daniel Lewis	Sierra Vista Regional Medical Center		day, year)	
			05/27/2014	2600.00
1023 Pacific St				
	Transaction ID : C9360630			
San Luis Obispo CA 93401-3623	Occupation			
	Oncologist		D. (11	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Paul, Weiss, Rikfind, Wharton & Garris		Date (month, day, year)	Amount
Toby Myerson			05/27/2014	1000.00
1056 5th Ave				
	Transaction ID : C9360631			
New York NY 10028-0112	Occupation			
New York NY 10028-0112 Attorney				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation		_	
D FILL NAME MAILING ADDRESS AND 7ID CODE	Name of Employer		Date (month,	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation		day, year)	Allouit
			_	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation		Date (month, day, year)	Amount
SIGNATURE (optional) Chris Reed	[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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